Information on Smoking Cessation for the Clinician

For the Patient Willing To Quit

Strategy A1. Ask — Systematically identify all tobacco users at every visit		
Action	**Strategies for implementation**	
Implement an officewide system that ensures that, for every patient at every clinic visit, tobacco use status is queried and documented.[a]	Expand the vital signs to include tobacco use, or use an alternative universal identification system.[b]	
	VITAL SIGNS	
	Blood Pressure	
	Pulse	
	Weight	
	Temperature	
	Respiratory Rate	
	Tobacco Use (circle one)	Current Former Never

[a] Repeated assessment is not necessary in the case of the adult who has never used tobacco or has not used tobacco for many years and for whom this information is clearly documented in the medical record.

[b] Alternatives to expanding the vital signs include using tobacco-use status stickers on all patient charts or indicating tobacco-use status via electronic medical records or computerized reminder systems.

Strategy A2. Advise — Strongly urge all tobacco users to quit	
Action	**Strategies for implementation**
In a clear, strong, and personalized manner, urge every tobacco user to quit.	Advice should be: • **Clear—**"It is important that you quit smoking (or using chewing tobacco) now, and I can help you." "Cutting down while you are ill is not enough." "Occasional or light smoking is still dangerous." • **Strong—**"As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff and I will help you." • **Personalized—**Tie tobacco use to current symptoms and health concerns, and/or its social and economic costs, and/ or the impact of tobacco use on children and others in the household. "Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health." "Quitting smoking may reduce the number of ear infections your child has."

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Strategy A3. Advise — Strongly urge all tobacco users to quit	
Action	**Strategies for implementation**
Assess every tobacco user's willingness to make a quit attempt at the time.	**Assess** patient's willingness to quit: "Are you willing to give quitting a try?" • If the patient is willing to make a quit attempt at the time, provide assistance. — If the patient will participate in an intensive treatment, deliver such a treatment or link/refer to an intensive intervention. *See Chapter 4 of Tobacco Guideline for more information.* — If the patient is a member of a special population (eg, adolescent, pregnant smoker, racial/ethnic minority) consider providing additional information. *See Chapter 7 of Tobacco Guideline for more information.* • If the patient clearly states that he or she is unwilling to make a quit attempt at the time, provide an intervention shown to increase future quit attempts. *See Chapter 3B of Tobacco Guideline for more information.*

Strategy A4. Assist—Aid the patient in quitting (provide counseling and medication)	
Action	**Strategies for implementation**
Help the patient with a quit plan.	A patient's preparations for quitting: • **Set** a quit date. Ideally, the quit date should be within 2 weeks. • **Tell** family, friends, and coworkers about quitting, and request understanding and support. • **Anticipate** challenges to the upcoming quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms. • **Remove** tobacco products from your environment. Prior to quitting, avoid smoking in places where you spend a lot of time (eg, work, home, car). Make your home smoke-free.

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Information on Smoking Cessation for the Clinician

For the Patient Willing To Quit

Strategy A4. Assist—Aid the patient in quitting (provide counseling and medication) (cont)	
Action	**Strategies for implementation**
Recommend the use of approved medication, except when contra-indicated or with specific populations for which there is insufficient evidence of effectiveness (ie, pregnant women, smokeless tobacco users, light smokers, and adolescents).	Recommend the use of medications found to be effective in the Tobacco Guideline. Explain how these medications increase quitting success and reduce withdrawal symptoms. The first-line medications include bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline; second-line medications include clonidine and nortriptyline. There is insufficient evidence to recommend medications for certain populations (eg, pregnant women, smokeless tobacco users, light smokers, adolescents).
Provide practical counseling (problem-solving/skills training).	**Abstinence.** Striving for total abstinence is essential, not even a single puff after the quit date. **Past quit experience.** Identify what helped and what hurt in previous quit attempts. Build on past success. Anticipate triggers or challenges in the upcoming attempt. Discuss challenges/triggers and how the patient will successfully overcome them (eg, avoid triggers, alter routines). **Alcohol.** Because alcohol is associated with relapse, the patient should consider limiting/abstaining from alcohol while quitting. (Note that reducing alcohol intake could precipitate withdrawal in alcohol-dependent persons.) **Other smokers** in the household. Quitting is more difficult when there is another smoker in the household. Patients should encourage housemates to quit with them or to not smoke in their presence.
Provide intratreatment social support.	Provide a supportive clinical environment while encouraging the patient in his or her quit attempt. “My office staff and I are available to assist you.” “I’m recommending treatment that can provide ongoing support.”
Provide supplementary materials, including information on quitlines.	Sources: Federal agencies, nonprofit agencies, national quitline network (1-800-QUIT-NOW), or local/state/tribal health departments/quitlines. **See Forms Guide Resources for more information.**

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Strategy A5. Arrange—Ensure follow-up contact	
Action	**Strategies for implementation**
Arrange for follow-up contacts, either in person or via telephone.	**Timing:** Follow-up contact should begin soon after the quit date, preferably during the first week. A second follow-up contact is recommended within the first month. Schedule further follow-up contacts as indicated. For patients who are abstinent, congratulate them on their success. If tobacco use has occurred, review circumstances and elicit recommitment to total abstinence. Consider use of or link to more intensive treatment.

Adapted from Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

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